



FEE TRANSMITTAL

		Complete if known
		Application Number: 10/076,858
		Filing Date: February 14, 2002
		First Named Inventor: Steinberg
		Group Art Unit: 1775
		Examiner Name: Stephen J. Stein
Total Amt. of Payment: (1)+(2)+(3)=	\$900	Attorney Docket Number: R&H 03-19

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Request for Continued Examination (RCE)</u> <u>770.00</u> Other fee (specify) <u>Fee under 37 CFR 1.17(i)</u> <u>130.00</u> SUBTOTAL (3) <u>\$900</u>																					
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ SUBTOTAL (1) <u>\$0</u>																							
2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-</td> <td>= 0</td> <td>$\times 18 = 0$</td> </tr> <tr> <td>Independent Claims</td> <td>-</td> <td>= 0</td> <td>$\times 84 = 0$</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SUBTOTAL (2) <u>\$0</u></td> </tr> </tbody> </table>			Paid	Extr	Fee	Total Claims	-	= 0	$\times 18 = 0$	Independent Claims	-	= 0	$\times 84 = 0$	Multiple Dependent (First presentation)							SUBTOTAL (2) <u>\$0</u>		
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			SUBTOTAL (2) <u>\$0</u>																				

08/10/2004 EABUBAK1 00000117 10076858

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Submitted By:

Typed or

Printed Name Nicole Haun Reg. Number 48,488

Signature Nicole Haun Date August 4, 2004 Deposit Account User ID 04-1406